

L21000130536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

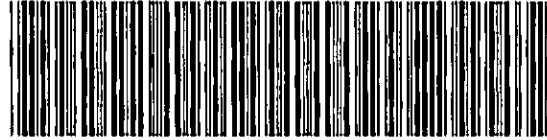
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/02/21--01020--012 **155.00

2021 MAR -2 PM 2:38

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Emergency Responders CPR LLC.
(Name of Resulting Florida Limited Company)

Please return all correspondence concerning this matter to:

Mario Henderson

(Contact Person)

Emergency Responders CPR LLC.

(Firm/Company)

2518 SW Grotto Circle

(Address)

Pt. St. Lucie, FL 34953

(City, State and Zip Code)

Emergencyresponders911@yahoo.com

E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Mario Henderson at (772) 882-1095

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

☒ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

Mailing Address:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emergency Responders CPR LLC.
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2518 SW Grotto Circle
Pt. St. Lucie, FL 34953

Mailing Address:

2518 SW Grotto Circle
Pt. St. Lucie, FL 34953

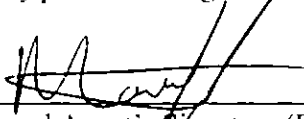
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mario Henderson
Name
2518 SW Grotto Circle
Florida street address (P.O. Box **NOT** acceptable)
Pt. St. Lucie FL 34953
City Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Managing Member

Managing Member

Name and Address:

Mario Henderson
2518 SW Grotto Circle
Port St. Lucie, FL 34953

Lakeshia Henderson
2518 SW Grotto Circle
Port St. Lucie, FL 34953

Joshua Juan Carlos Millian
1386 SW Hibiscus St.
Port St. Lucie, FL 34983

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

Lakeshia Henderson

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lakeshia Henderson

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)